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A Dissertation

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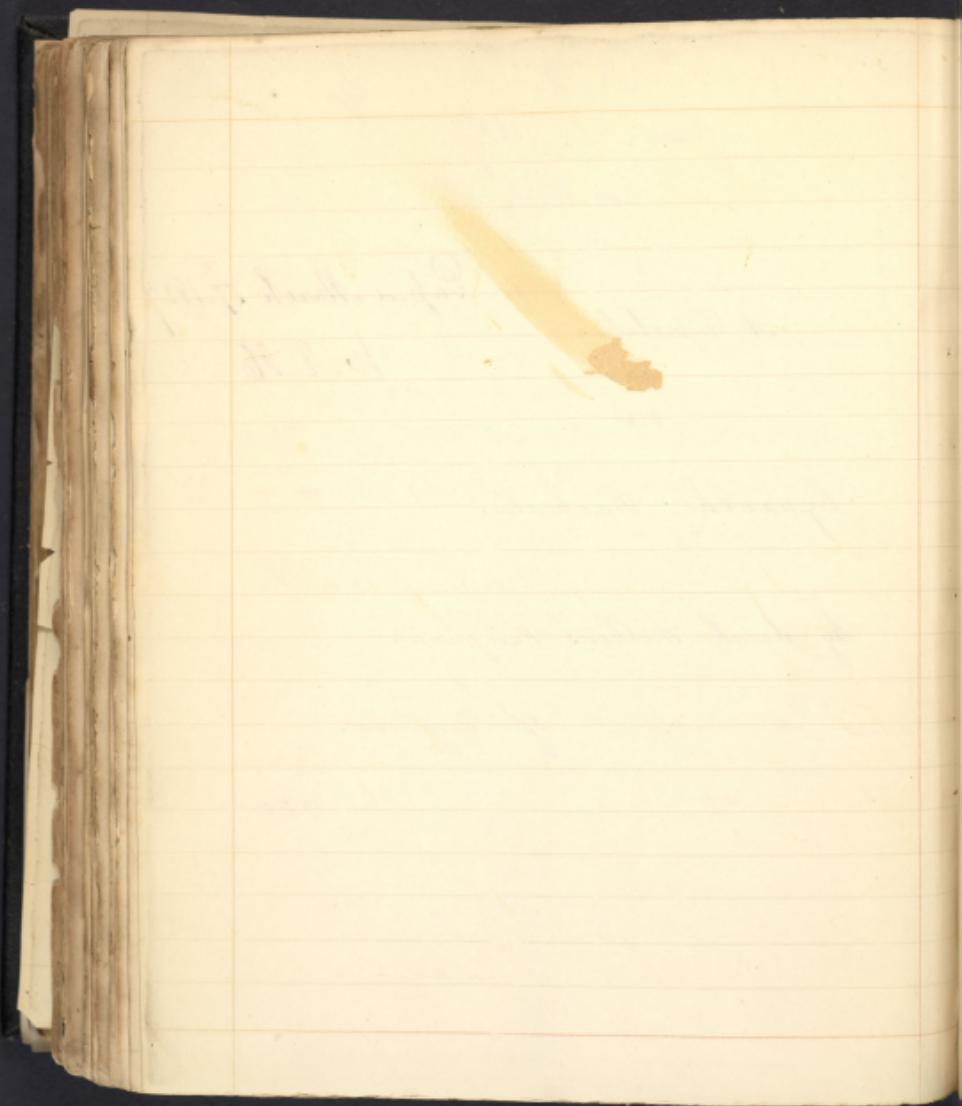
on

Cynanche - Trachealis.

By Samb. Watkins Vaughan,

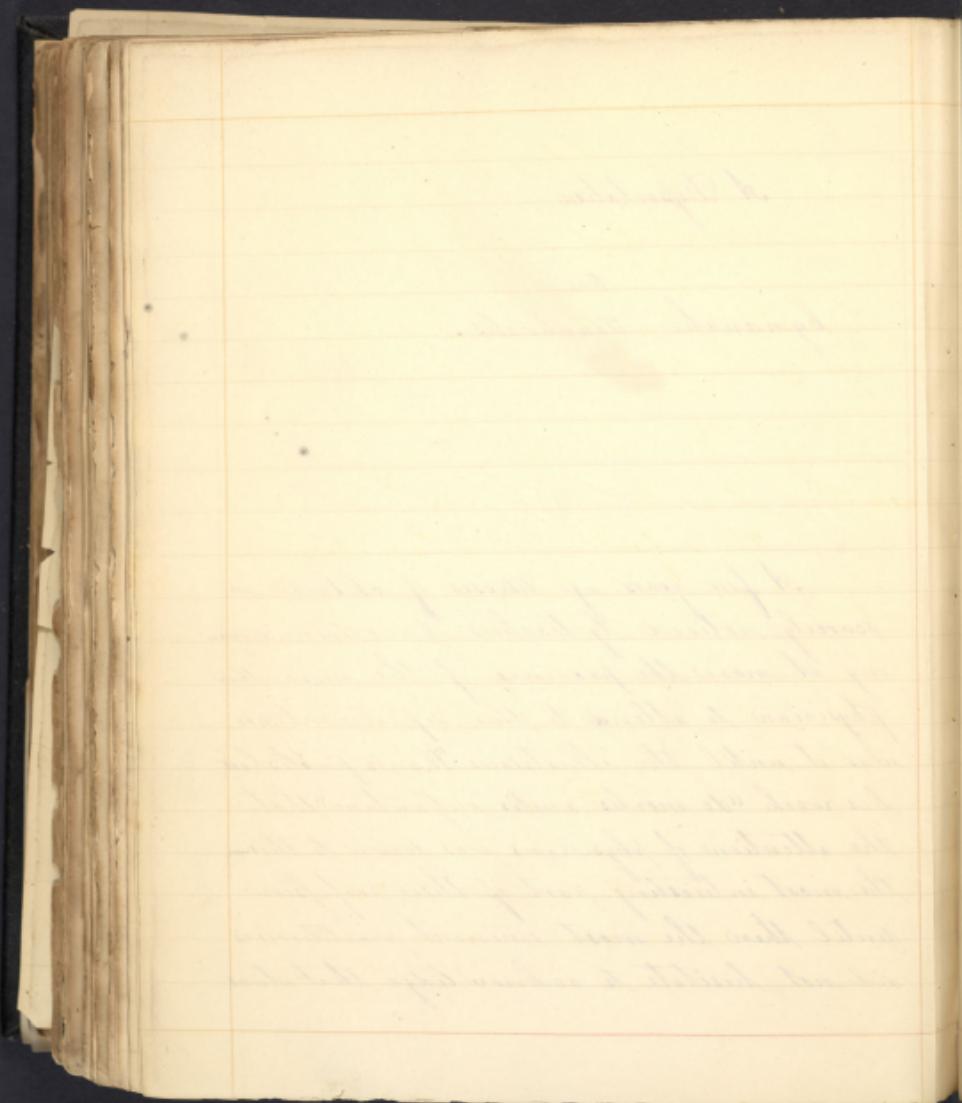
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1826.



A Dissertation
on
Bryanche Trachealis.

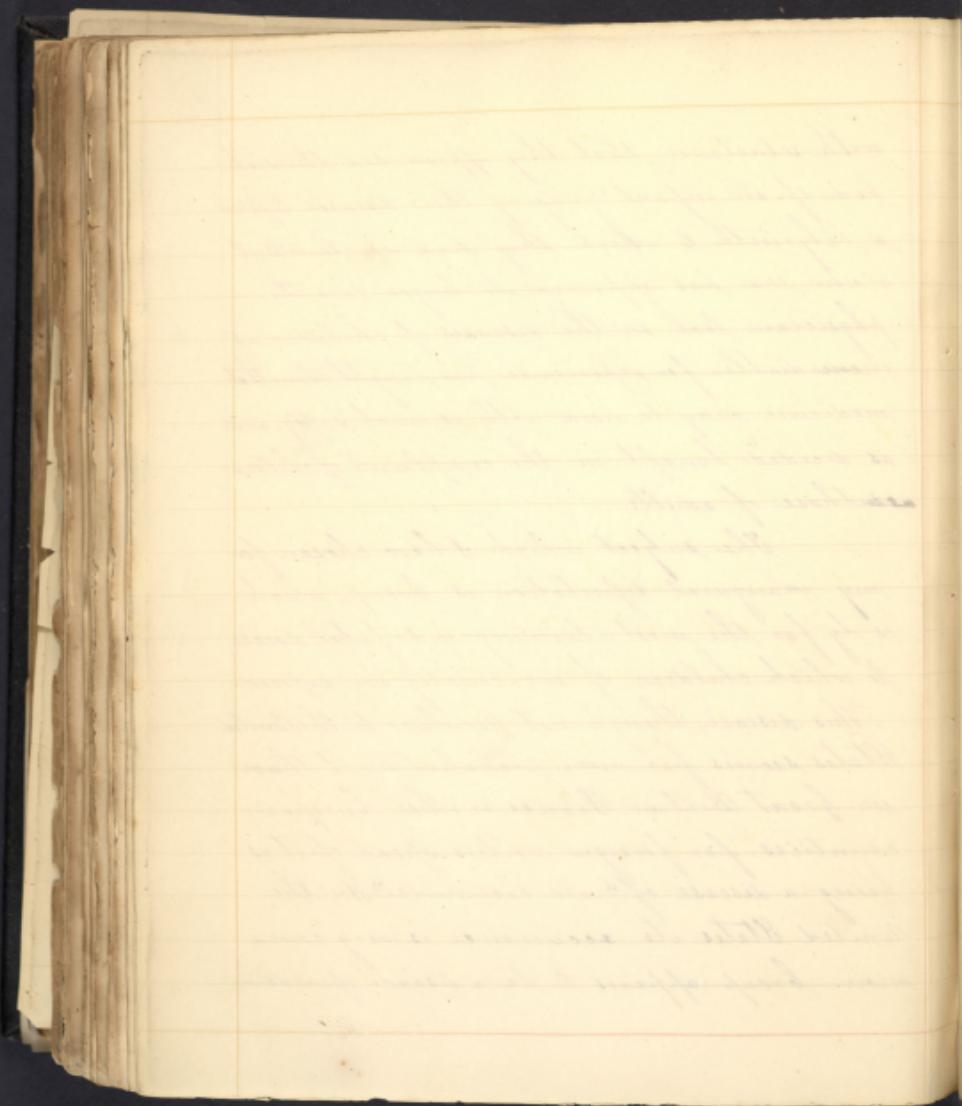
A few years ago diseases of children were scarcely noticed by teachers of medicine, among it made the province of the nurse than physician to attend to this department; nor was it until the illustrious Harris published his work *de morbis acutis infantium* that the attention of physicians was drawn to this—the most interesting part of their profession. Until then the most eminent practitioners did not hesitate to acknowledge that it was



with reluctance, that they approached the sick bed of an infant, judging their diseases to form a labyrinth to which they had no clue. But a new era has appeared. To longer does the physician look on the diseases of children as inscrutable, for experience has taught them that medicine may be used with as much safety, and as decided benefit in the complaints of children as in those of adults.

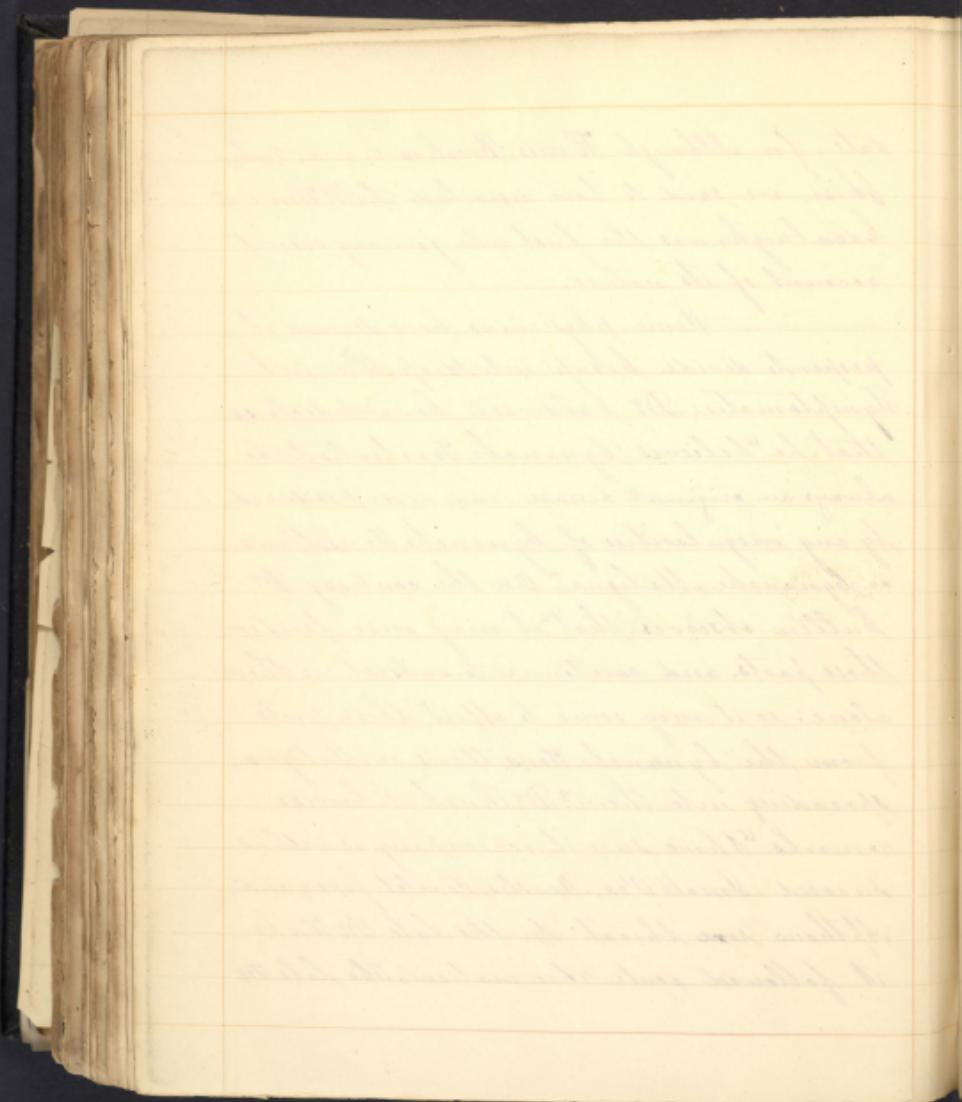
The subject which I have chosen for my inaugural dissertation is *scarlet fever*, which is by far the most alarming and fatal disease to which children, of our country, are exposed.

This disease, though not peculiar to the United States, seems far more prevalent in it than in Great Britain, France or other European countries, for foreign writers speak of it as being a disease of "rare occurrence." In the United States its occurrence is very common. Scarlet fever appears to be a disease of modern



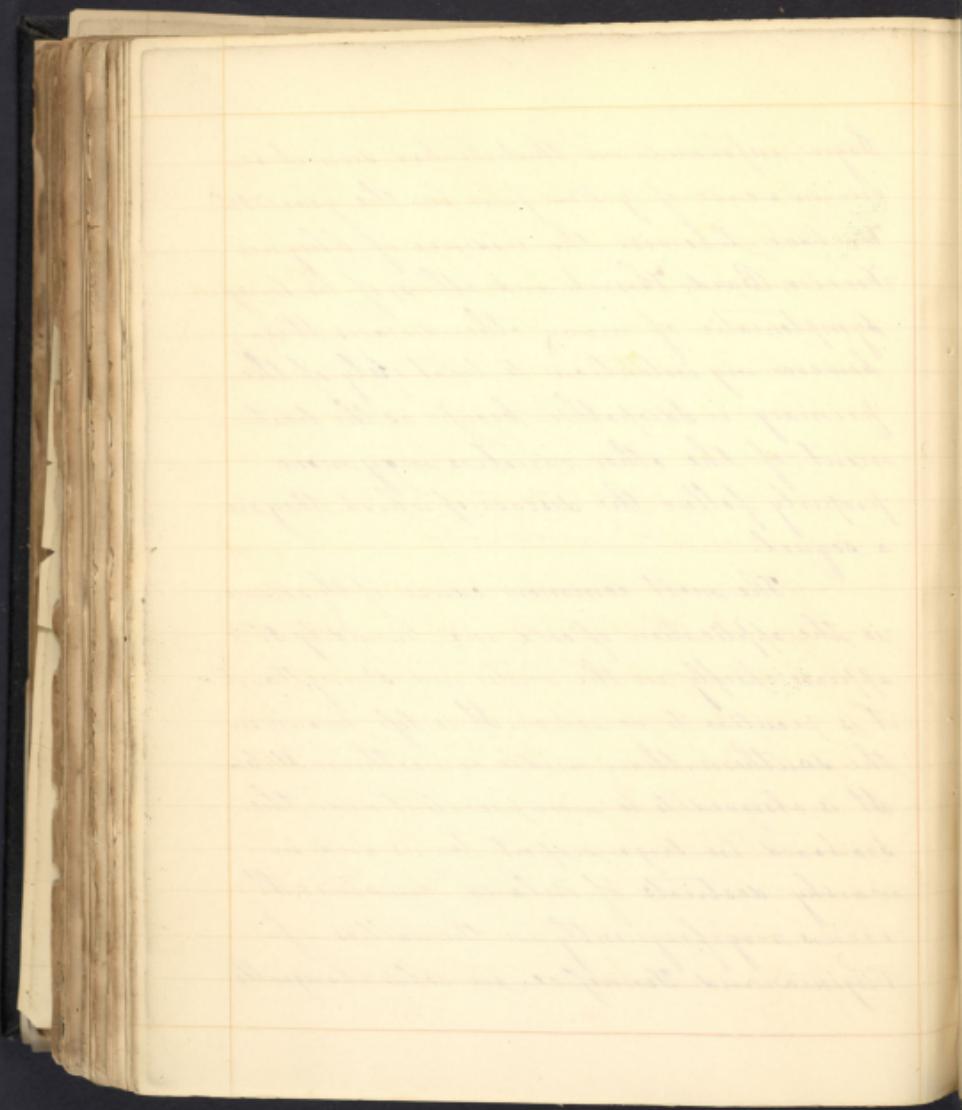
date, for although Harris, Boerhaave and Martin
Ghisio, are said to have described it, Dr. Horne of
Edinburgh, was the first who gave any correct
account of its nature.

Some physicians have deemed it
proper to divide it up into Idiopathic and
Symptomatic. Dr. Caldwell however declares
that he believes by ranche Trachealis to be
always an original disease, and never produced
by any irregularities of by ranche Tonsillaris
or by ranche Maligna. On the contrary Dr.
Bullen observes that it may arise first in
those parts, and continue to subsist in them
alone; or it may come to affect those parts
from the by ranche Tonsillaris or Maligna
spreading into them. Dr. Rush likewise
remarks "I have seen it accompany as well as
succeed Small Pox, Measles, Scarlet fever, and
Aphthous sore throat. In the late Dr. Tuke
it followed acute rheumatism. The late Dr.



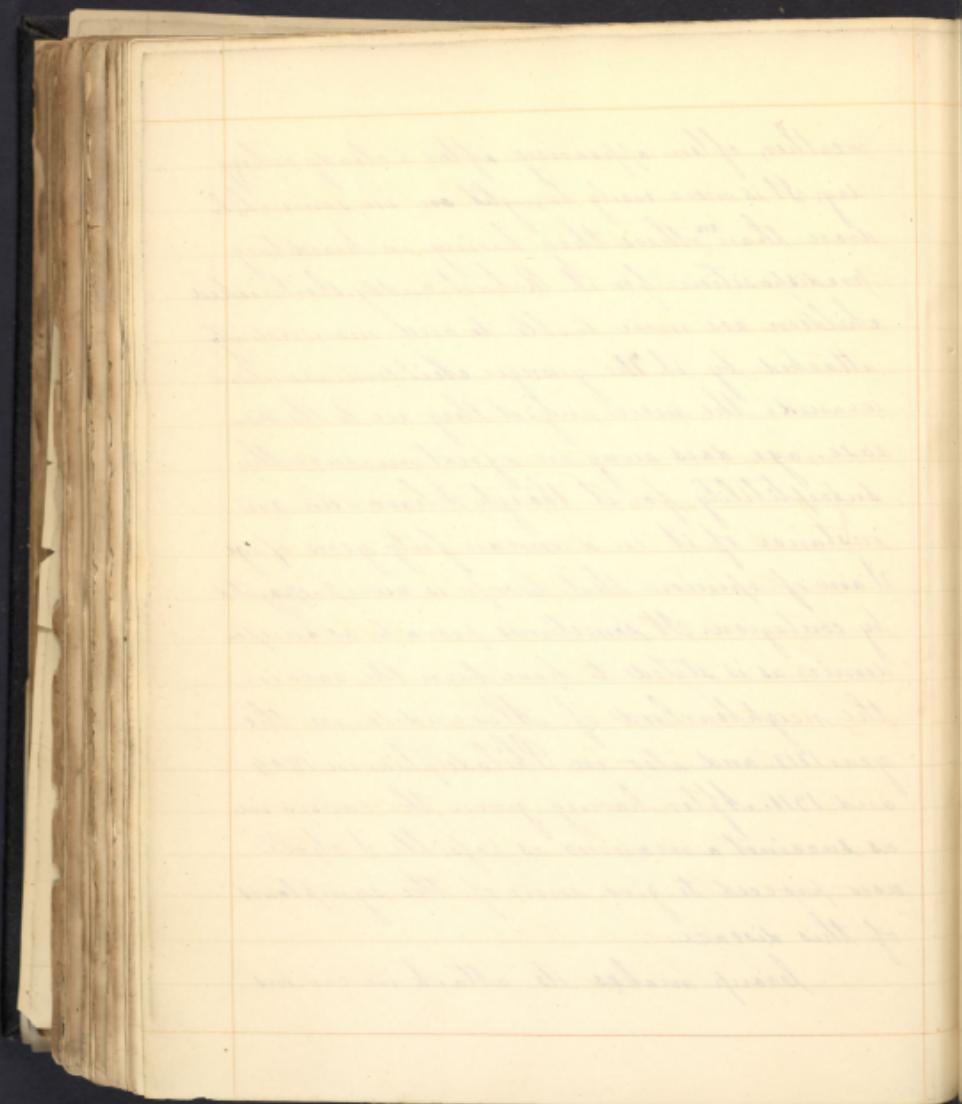
Sayre informed me that he had seen it occur in a case of yellow fever in the year 1798.¹² We have likewise the evidence of Chigny, Ferrier, Bard, Thosack, and others, of its being symptomatic of many other diseases. It is, however, my intention to treat only of the primary or Idiopathic forms, as the treatment of the other varieties may more properly follow the diseases of which they are a sequel.

The most common cause of this disease is the application of cold and humidity. It appears chiefly in the winter and spring, though it is peculiar to no season. It is less common in the southern, than middle or northern States. It is observed to be more prevalent near the Seaboard, in large seaport towns, and in marshy districts of inland countries. It occurs very frequently in the valleys of Virginia and Tennessee, in cold changeable

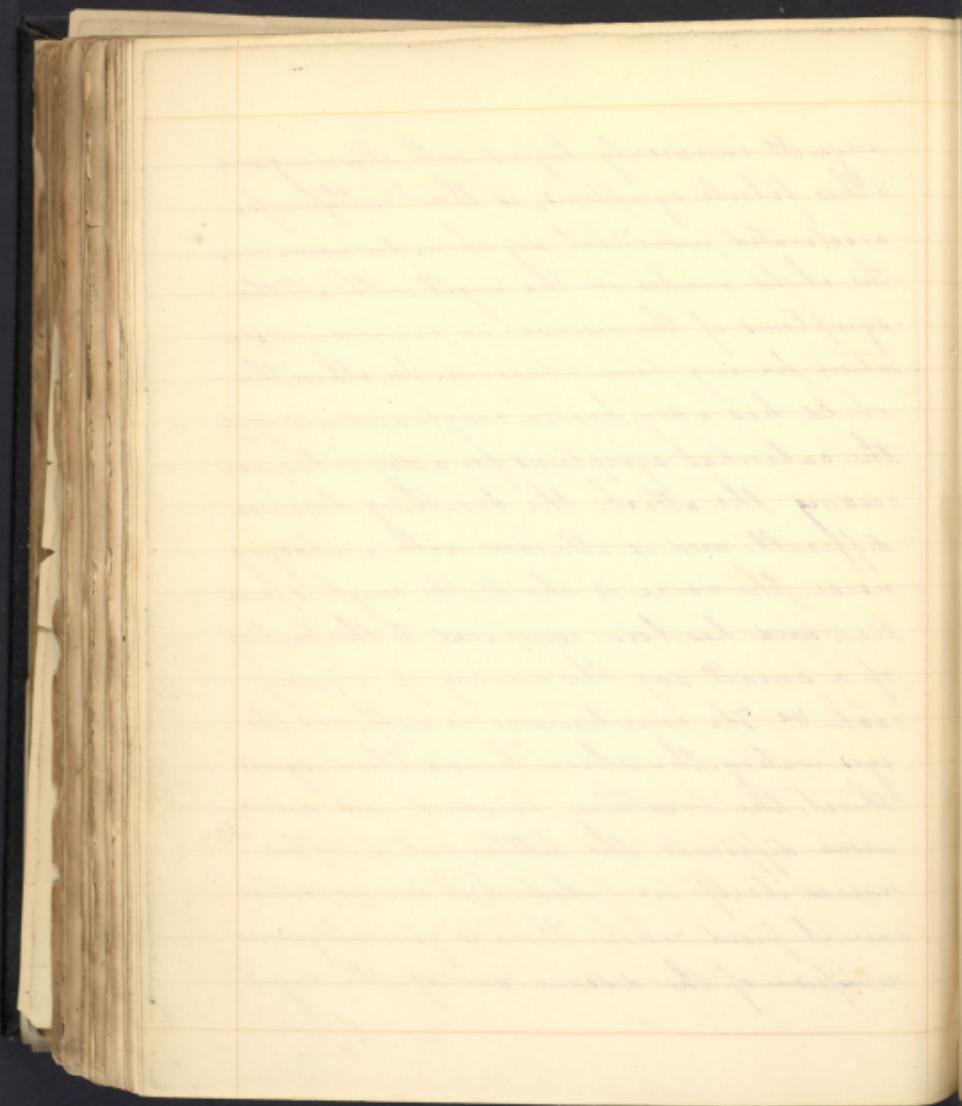


weather, often appearing after a cloudy or hazy day; It is more easily brought on in some children than in others, they having no hereditary predisposition for it. Robust, ruddy, short-necked children are more liable to and more violently attacked by it. The younger children are when weaned, the more subject they are to the disease, age does away in a great measure the susceptibility for it, though I have seen an instance of it in a woman forty years of age. I am of opinion that leprosy is never propagated by contagion. It sometimes prevails as an epidemic as is stated to have been the case in the neighbourhood of Alexandria, in the year 1717, and also in Philadelphia in 1809, and 1810. After having given the causes in as succinct a manner as possible I shall now proceed to give some of the symptoms of this disease.

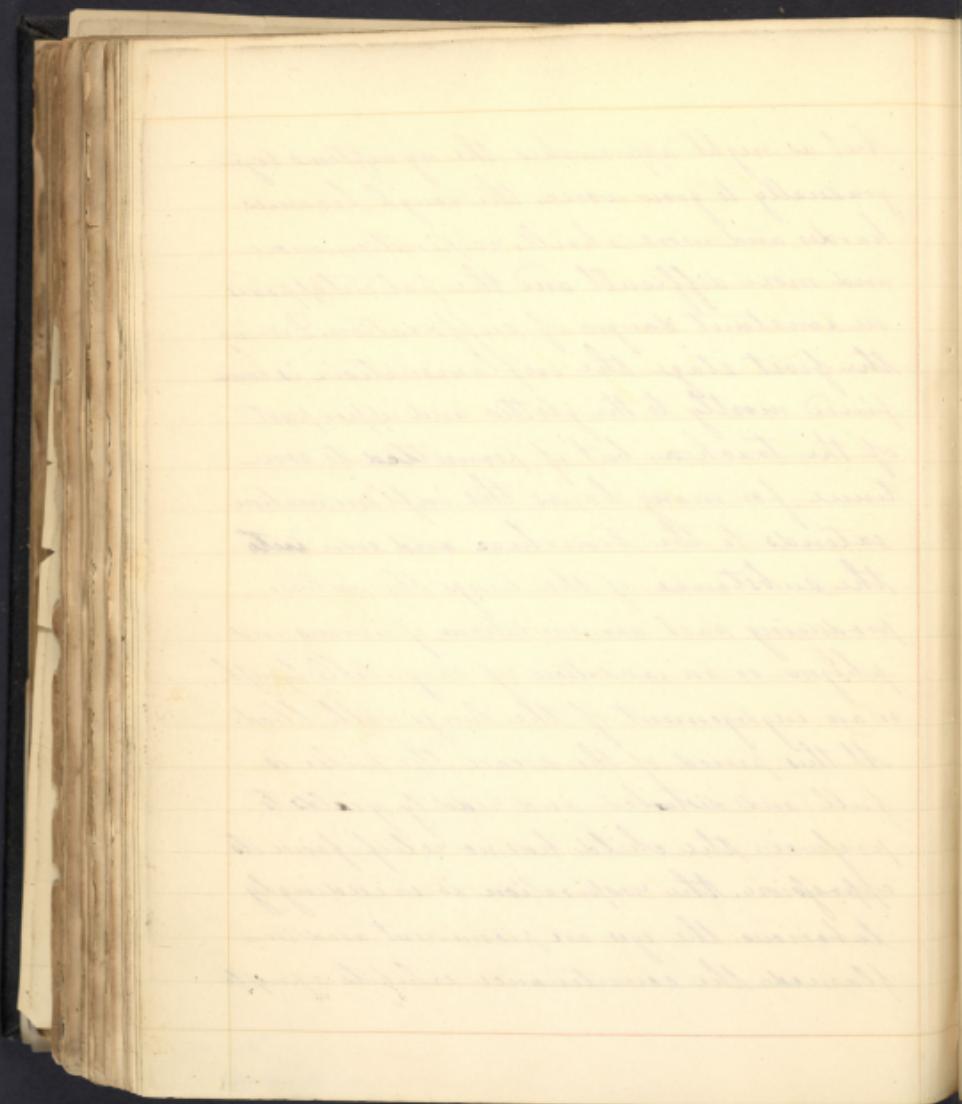
Leprosy makes its attack in various



ways. It commonly begins with shivering and other febrile symptoms, as thirst, restlessness, accelerated pulse & hot dry skin, In some cases the child awakes in the night with all the symptoms of the disease, no previous indisposition having been observed. In others, the child has a dry, hoarse cough, and many of the catarrhal symptoms for a day or two preceding the attack. the breathing becomes difficult, and is attended with a wheezing noise. the voice is shrill, the cough is peculiar, and has been compared to the barking of a small dog, the crowing of a young cock &c. The countenance is suffused, the eyes watery, the skin burns, there is great thirst, the breathing becomes more and more difficult; the little patient often raises itself in bed, but in no posture can it find relief. There is generally some remission of the disease during the day,



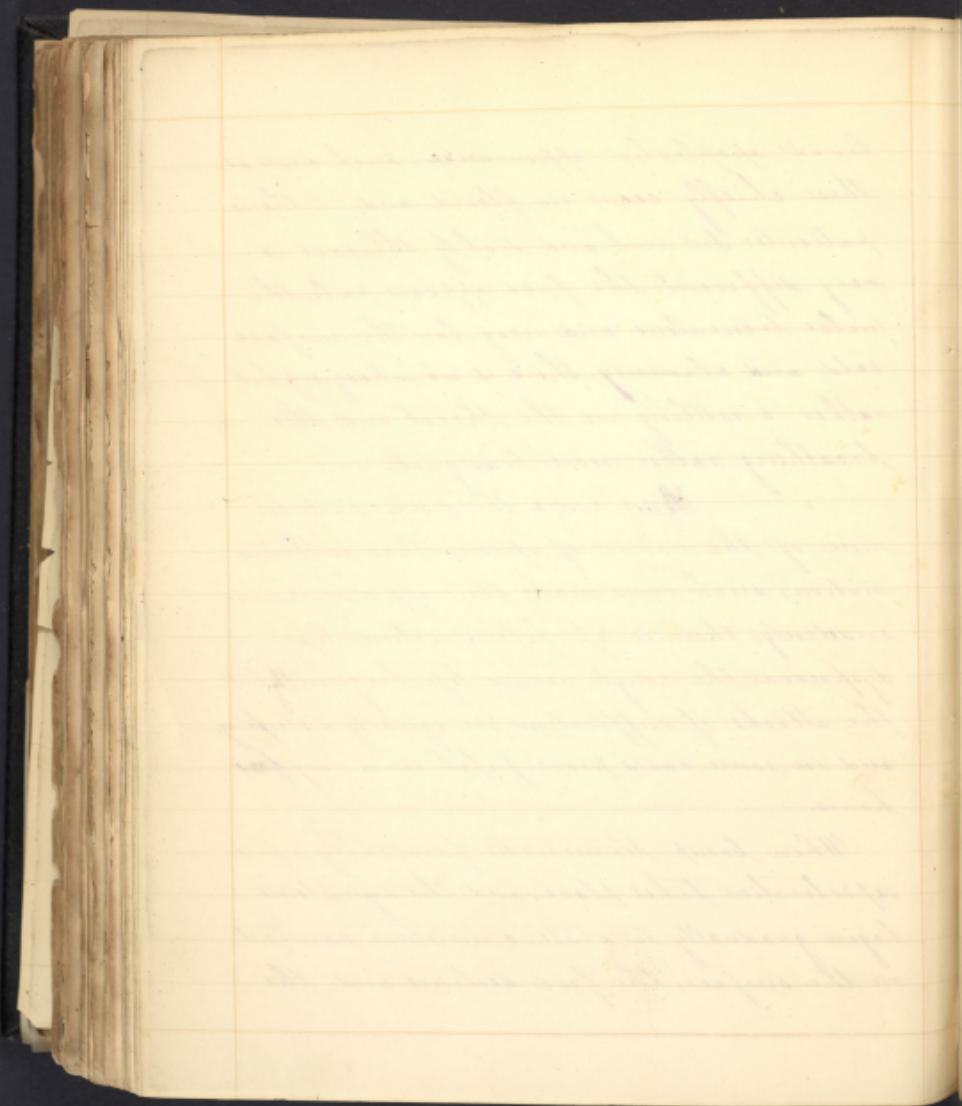
but as night approaches the symptoms begin gradually to grow worse, the cough becomes harder and more shrill, respiration more and more difficult and the patient appears in constant danger of suffocation. During the first stage the inflammation is confined mostly to the glottis and upper part of the trachea, but if permitted to continue for many hours the inflammation extends to the bronchiae and even into the substance of the lungs themselves, producing vast accumulations of mucus and phlegm, or an exudation of coagulable lymph, or an engorgement of the lungs with blood. At this period of the disease the pulse is full and distended, and readily yields to pressure; the child has no relief from its oppression, the respiration is exceedingly laborious, the eyes are prominent and inflamed, the countenance exhibits a purple



livid apoplectic appearance; such cases as these chiefly occur in florid and plethora patients. In weak and sickly the case is very different, the face appears pale the pulse tremulous and irregular, the surface cold and clammy, there is no wheezing but rather a rattling in the throat and the breathing rather more tranquil.

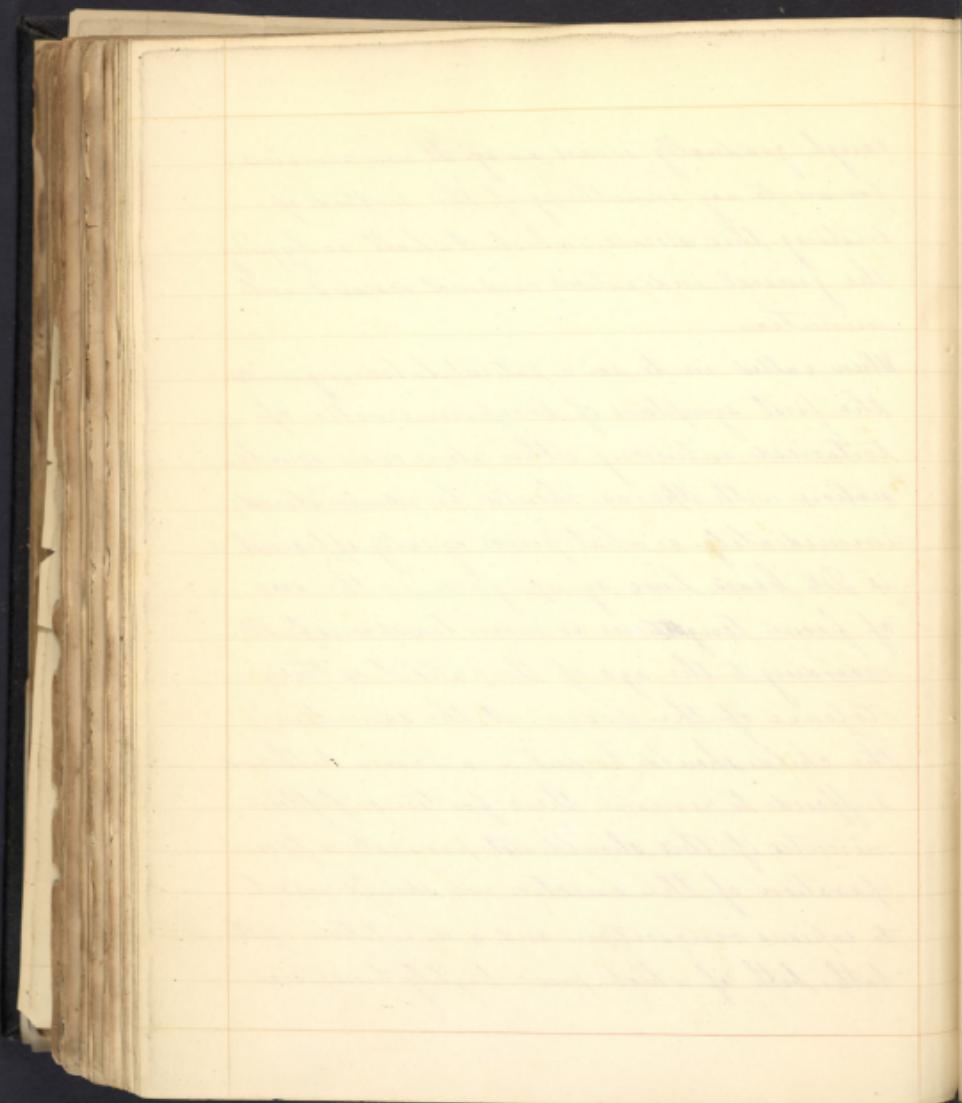
Sometimes the disease partakes more of the nature of spasm than inflammation, such cases make their appearance more suddenly, there is less feeble action, less dyspnoea, the cough occurs less frequently but the attacks of suffocation are equally distressing, and in some cases prove fatal in a very few hours.

When convalescence terminates favourably a free expectoration takes place, and the symptoms begin gradually to abate, a moisture pours out on the surface, the fever declines and the



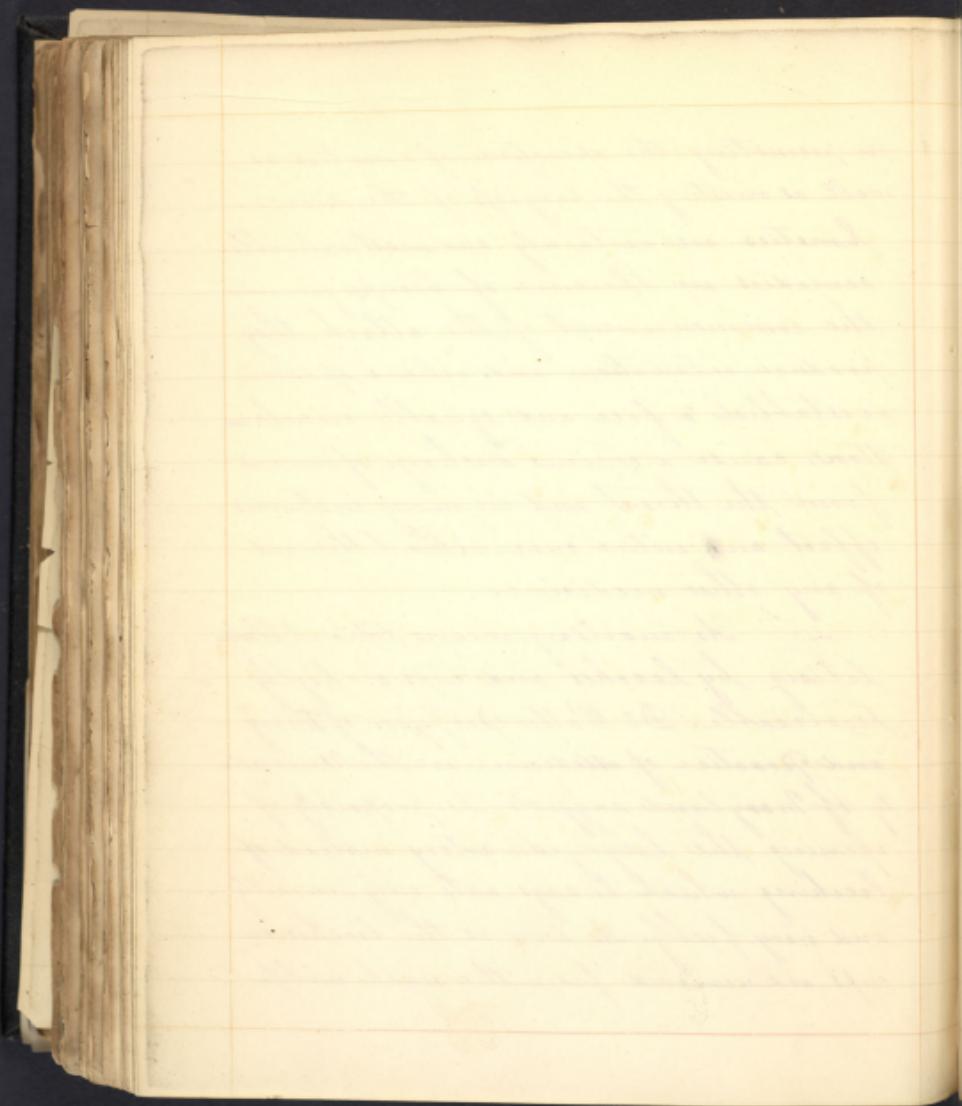
cough gradually wears away. It now remains for me to say something of the method of treating this disease; which I shall do by giving the general indications and not descend into minutiæ.

When called in to see a patient labouring under the first symptoms of croup, an emetic of tartarised antimony, either alone or in combination with Speras should be administered immediately, or what proves equally efficient is Dr. Boas' hore syrup given in the dose of from ~~ten~~ ^{one} or more tea-spoons full according to the age of the patient or the violence of the disease. At the same time the child should be put in a warm bath and suffered to remain there for ten or fifteen minutes. If this should not promote a free operation of the emetic, we should resort to copious venesecution and a repetition of the bath, both of which prove highly beneficial.



in promoting the operation of emetics as well as arresting the progress of the disease. Emetics are certainly the most valuable remedies in the cure of croup, given in the commencement of the attack, they produce relaxation and relieve spasm, reestablish a free and equable circulation, cause a copious discharge of mucus from the throat and in many instances effect an entire cure, without the aid of any other medicine.

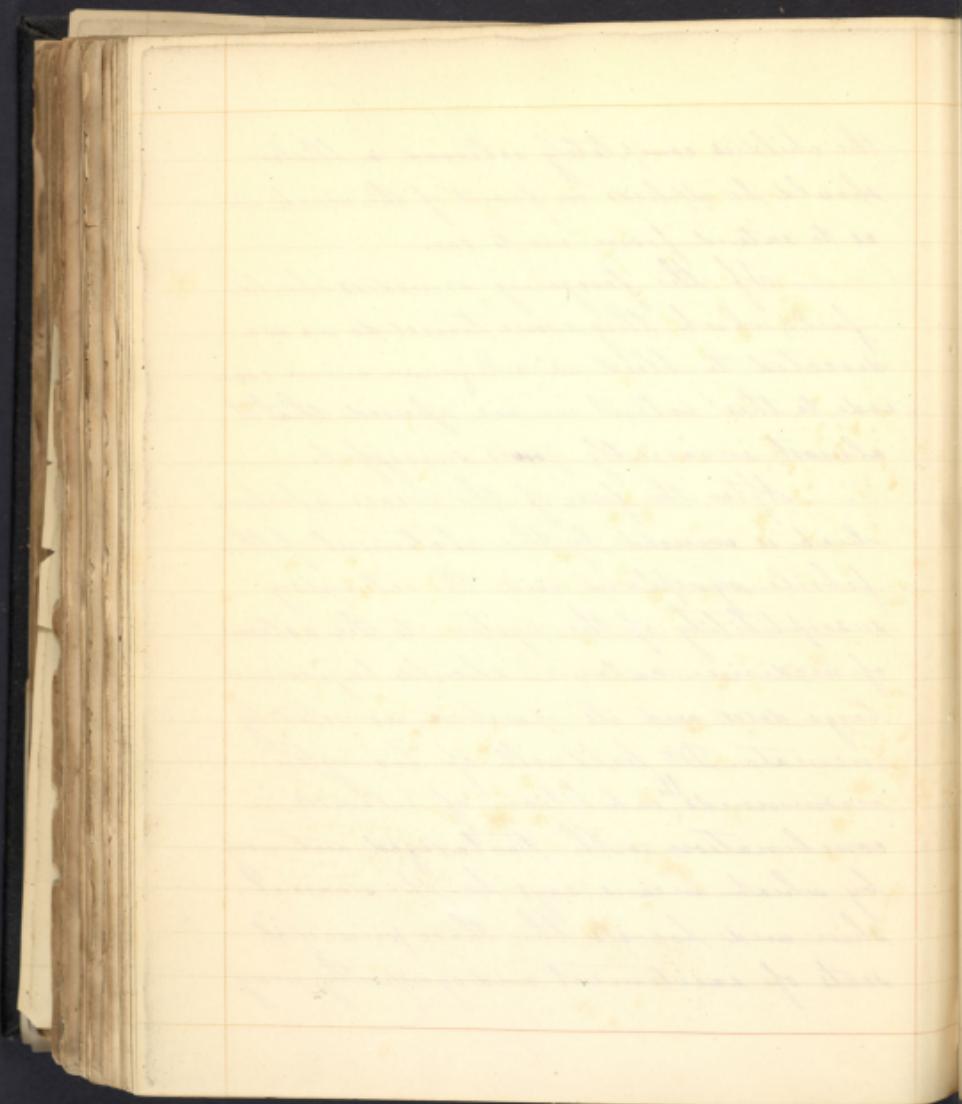
As auxiliary means topical blood-letting by leeches and cups are highly serviceable. Dr. Potter professor of Theory and Practice of Medicine in the University of Maryland suggests the propriety of opening the laryngial artery instead of leeching which he says acts only indirectly and very feebly. As soon as the leeches or cups are removed from the neck unless



the child is completely relieved a blister should be applied in front of the neck so as to extend from ear to ear.

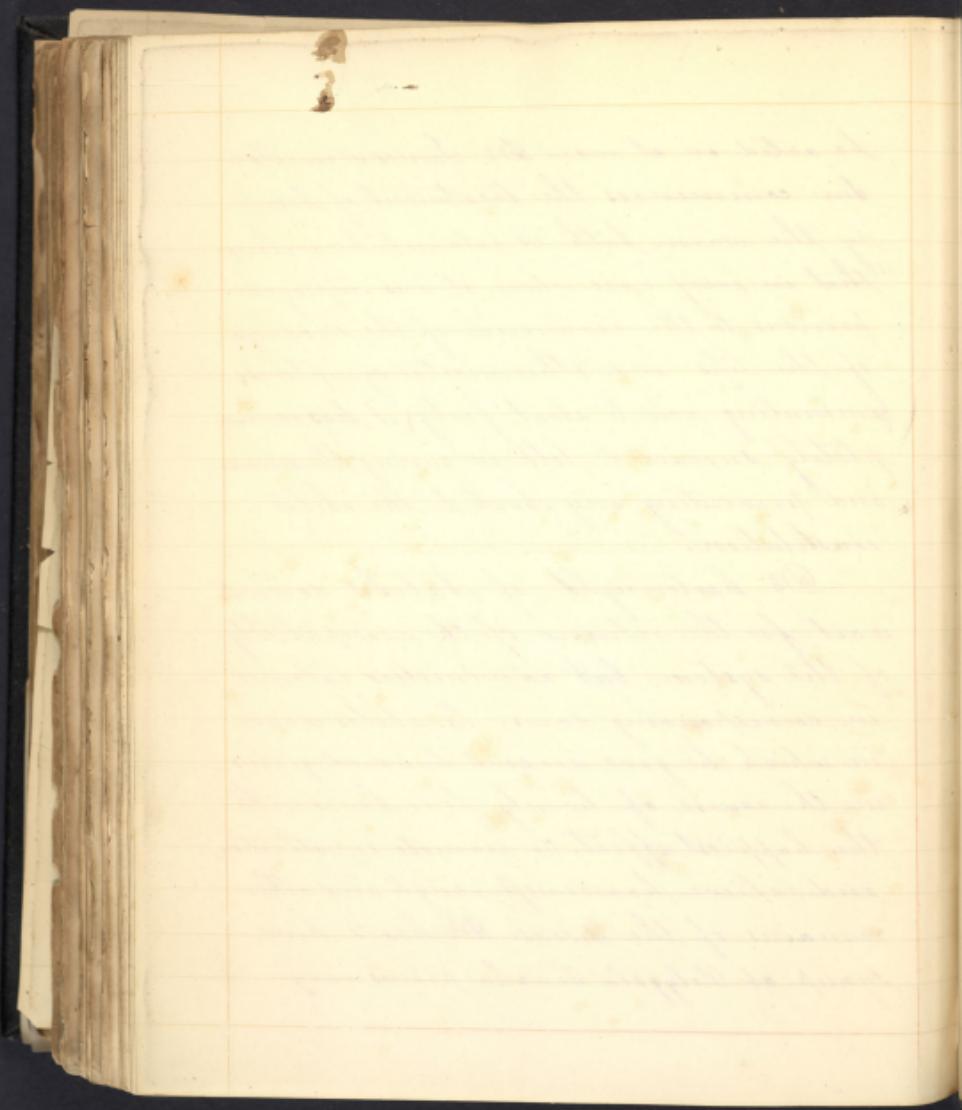
If the foregoing remedies should fail, which they sometimes do we are directed to bleed ad deliquium animi carried to this extent we are assured that it almost invariably proves successful.

After the force of the disease is broken, which is evinced by the abatement of the febrile symptoms, and the returning susceptibility of the system to the action of medicine, calomel should be given in large doses and its operation promoted by enemata. Dr. Caldwell of Lexington recommends ^{the} exhibition of calomel in combination with tartarized aatumony by which means, (says he) the stomach, skin and bowels, the three principal seats of excitement and sympathy may



be acted on at once. Dr. James Hamilton
Snr. commences the treatment of bronchopneumonia by the warm bath & calomel, he declares
that in every case where it was employed
previous to the occurrence of the lividness
of the lips and other mortal symptoms,
(amounting now to about forty) it has com-
pletely succeeded, both in curing the disease,
and preventing any shock to the child's
constitution.

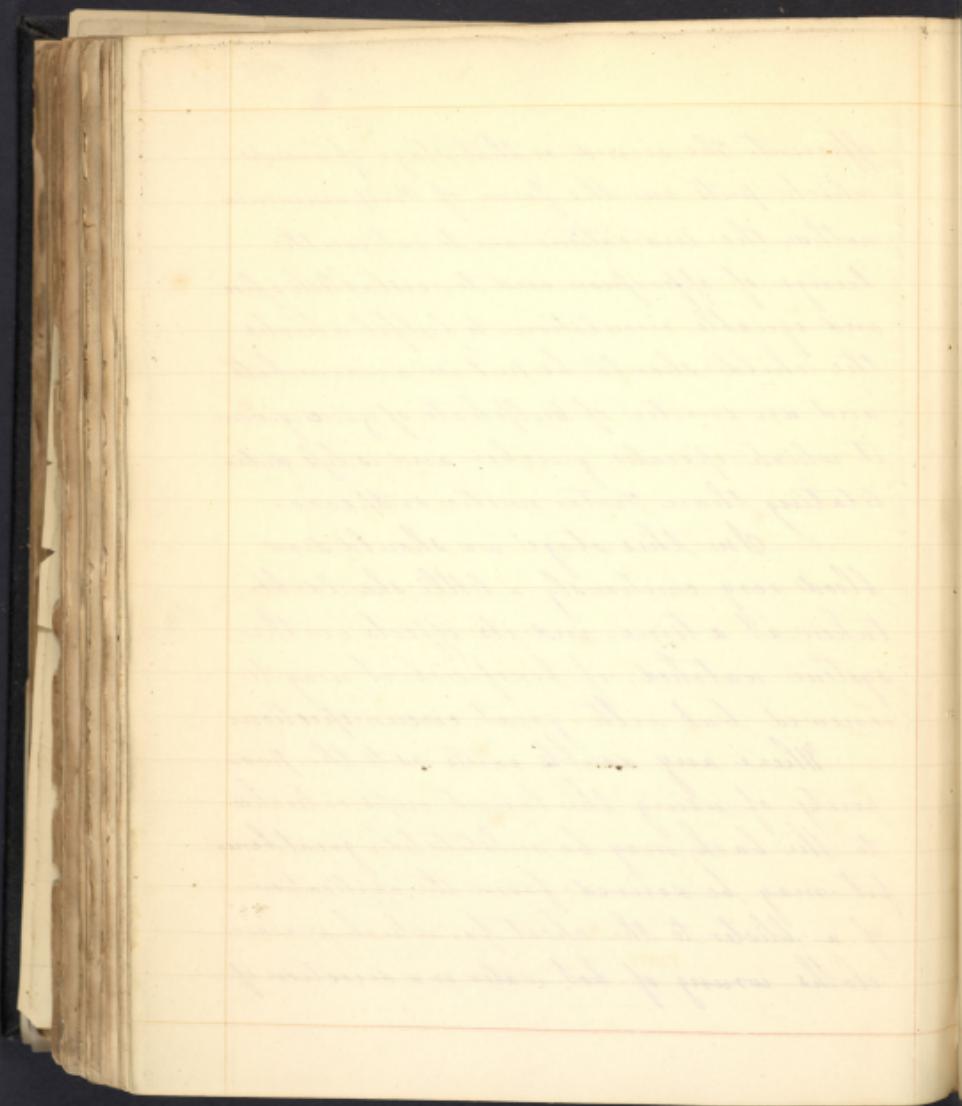
Dr. Bartschowright of St. Thomas does not
wait for the return of the susceptibility
of the system, but administers calomel
in corresponding doses. He states a case
in which he gave several hundred grains
in the course of twenty four hours with
the happiest effect. To promote expectoration
and relieve hoarseness, cough and other
remains of the disease Dr. Bartschowright's
syrup of Polygala Senaka proves very



fficient. The second or that stage of bronchitis
which puts on the form of Peripneumonia
notho, the indications are to relieve the
lungs of oppression and to reestablish a free
and equable circulation, to fulfil which
the child should be put in a warm bath
and an emetic of Sulphate of zinc given
it, which operates quicker and is less irrita-
ting than Tartar emetic or Specac.

In this stage we should draw
blood very cautiously a little should be
taken at a time, and its effects on the
systeme watched, if beneficial it may be
renewed but with great circumspection.

Where any doubt exists as to the pro-
perty of using the lancet cups or leeches
to the back, may be substituted, great bene-
fit may be derived from the application
of a blister to the chest for which purpose
cloths wrung of hot water or a decoction of



banthasides may be used as the most prompt means of vesication.

Dr. Rush relates a case of the good effects of calomel even after the formation of the membrane had taken place. Ammonia, Rush, camphor, Asafoetida, and other stimulating expectorants have been strongly recommended and appear to be suited to this stage, as they are remedies well calculated to excite the secretions of the lungs, and at the same time to support the general powers of the system.

Dr. Miller recommends the following formula given in the dose of table spoonfull every ~~two~~ half hour.

Rp. Gum. Asafoetida 3*dr.*
Spt. mindorini 3*dr.*
Aqua. Rhei 3*pt.* *oz.*

FIMIS

